SUBMIT: COMPLETED APPLICATION, TAX

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138 Bayfield County

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date D) (5-16) (5-17)

m

Permit #: Date: Amount Paid:

公公会 8:20-1 \$ 50 C

Bayfield Co. Zoning Dept

Refund:

JUL 73 2016

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TRON RIVER, WI 54847 TRON RIVER, WI 54847 Contractor Phone: Plumber: Agent Mailing Address (include City/State/Zip): 9813-0914 Application on behalf of Owner(s)) Legal Description: (Use Tax Statement) SW 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM	EQUESTED—►	Chy/State/Zin: SANITARY PRIVY CONDITIONAL USE SPECIAL USE	7 B.O.
Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Agent Mailing	Address of Property:	City/State/Zip: IRON RIVER, WI 54847	Cell Phone: 715-813-0414
Agent Phone: Agent Mailing Address (include City/State/Zip):	ontractor:		Plumber Phone: フレデー ユタネー・対しても
	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: Agent Mailing Address (include City/S)	
Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:	PROJECT LOCATION Legal Description: (Use Tax Statement)	<u>PIN:</u> (23 digits) 04-2-47-08-17-200-33よ-1300の	- D
Town of: TRON RIVER Lot Size	Gov't Lot L	CSM Vol & Page Lot(s) No.	Subdivision: Hall Moon Est
The state of the s	Section 11 , Township 47 N, Range 8		,

Shoreland

 $\ \square$ Is Property/Land within 1000 feet of Lake, Pond or Flowage

If yes-

-continue

Distance Structure is from Shoreline:

Distance Structure is from Shoreline:

feet

Is Property in Floodplain Zone? □ Yes 隂 No

Are Wetlands Present? 口 Yes 闯 No

☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)

Creek or Landward side of Floodplain? If yes—continue —▶

		Other: (explain)	
	× ×	4	
A STATE OF THE STA	×	Conditional Use: (explain)	
	* >	Special Use: (explain)	
	×	The state of the s	
	-	J. Werner, B. Marrier, B.	
	×	Accessory Building Addition/Alteration (specify)	
	×	Accessory Building (specify)	Municipal Use
	×	Addition/Alteration (specify)	
	×	Mobile Home (manufactured date)	
	×	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	
	×	with Attached Garage	☐ Commercial Use
460	×	with (2 nd) Deck	
	×	with a Deck	
	×	with (2 nd) Porch	
	×	with a Porch	Residential Use
	×	with Loft	
	. ×	Residence (i.e. cabin, hunting shack, etc.)	
200	10 × 20	Principal Structure (first structure on property)	
Footage	Dimensions	Proposed Structure .	Proposed Use
7			

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): (If there are Multiple Owners listed on the Doed All Owners must sign or letter(s) of authorization must accompany this application) Authorized Agent: Sume lower to the owners of the owners of authorization must accompany this application) (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Address to send permit 68155
Owner(s): (If there are Multiple Owners listed on the Doed All Owners must sign or letter(s) of authorization must accompany this application authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application authorized Agent:
Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application
Owner(s):

Date 1/10/16

Date

- H847

Copy of Tax Statement

Group of Tax Statement

Fryou recently purchased the property send your Recorded Deed

Hold For Sanitary: Hold For BA: Hold For Affidavit: Hold For Fees:	Second Permit Denied (Date): Sanitary Number: # of bedrooms: Permit Denied (Date): Permit De	Please complete (1)—(7) above (piner to continuing) (8) Sethacks (in mite dashedses) (8) Sethack from the Centerine of Planed Read (9) Sethack from the Centerine of Planed Read (1) Sethack from the Centerine of Planed Read (1) Sethack from the Centerine of Planed Read (1) Sethack from the Centerine of Planed Read (2) Feet (3) Sethack from the Centerine of Planed Read (4) Sethack from the Centerine Centerine (4) Sethack from the Centerine Centerine (4) Sethack from the Centerine Centerine (5) Sethack from the Centerine Centerine (6) Sethack from the Centerine Centerine (8) Sethack from the Center	(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (5T); (*) Drain Field (DF); (*) Holding Tank (月子) and (5T) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%
	# of bedrooms: # of bedrooms: Sanitary Date: # of bedrooms: Sanitary Date: # of bedrooms: Affidavit Required Yes No Affidavit Attached Yes No Affidavit Required Yes No Affidavit Required	Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Measurement Measurement Feet Feet Thom Wetland Well Yes	tage Road) (DF); (*) Holding Tank (HF) and/or (*) Privy (P)

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Date: Refund: Permit #: Amount Paid: \$100 0973

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

	Section 18 , Township 47 N, Range 08 W	1/4,1/4 Gov't Lot Lot(s)	PROJECT LOCATION Legal Description: (Use Tax Statement)	2/2	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	W. MOON LAKE Dr.		MATTHEN + TENNIFIC TRACT	Owner's Name:	TYPE OF PERMIT REQUESTED- KLAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE	TO NOT STAKE CONSTRUCTION ON IT ALL FERMITS HAVE BEEN BOOKED TO ABOVIDED CO. LONING DEPT.
Distance Characters in them Characters	W TROW RIVER	CSM Vol & Page Lot(s) No. Block(s) No.	PIN: (23 digits) Recorded 04-074-1-47-08-18-4 05-007-0700 Volume_	N/A N/A	Agent Phone: Agent Mailing Address (include City/State/Zip):	Contractor Frome: From Det:	- S	City/State/Zip:	TLOS HUGHITT AVE SUPERIOR, WI, SHOBO	Mailing Address: City/State/Zip:	ITARY 🗆 PRIVY 🕕 CONDITIONALUSE 🗇 SPEC	Baylleld Co. Zoning Dept.
	TARCEMENT 1.69	Subdivision: Horn Lake Extraco	Recorded Document: (i.e. Property Ownership) Volume Page(s)	□ Yes □ No Wh		Entransianis	718 348 3174			Telephone:	IAL USE B.O.A. OTHER	

								51153415 (1154454
			750,00	· ·		Value at Time of Completion * include donated time & material	□ Non-Shoreland	X Shoreland →
Property	□ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project		Shoreland Structure is from Shoreline Shoreland Shoreland
☐ Foundation	□ No Basement	□ Basement	☐ 2-Story	☐ 1-Story + Loft	□ 1-Story	# of Stories and/or basement		of 300 feet of kiver, street of Floodplain? If ye if ye if ye if 1000 feet of Lake, Pon if ye
			N. 12/18	Year Round	□ Seasonal	Use		If yes.—continue —> Pond or Flowage If yes.—continue —>
	□ None	攻之家	<u></u> အ	□ 2	Li P	# of bedrooms		Distance Struc
☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	■ Sanitary (Exists) Specify Type: ○	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary Systen is on the property?		Distance Structure is from Shoreline:
	ntract)	Ilted (min 200 gallon)	ify Type: (Anvoirma)	fy Type:	THE PARTY OF THE P	ype of ary System property?		Is Property in Floodplain Zone? ☐ Yes ☐ No
•	<u> </u>			₹ Well	☐ City	Water		Are Wetlands Present? Yes No

& Stairs to Lake & 21A	□ None	
The state of the s		-
Existing Structure: (If permit being applied for is relevant to it) F/X Length:	width:	reignt:
7	7	Height:
instruction:		Height:

Proposed Use	٠,	Proposed Structure	Dim	Dimensions	Square Footage
		Principal Structure (first structure on property)		X)	
		Residence (i.e. cabin, hunting shack, etc.)		×)	
		with Loft		×)	
Residential Use		with a Porch	_	×	
		with (2 nd) Porch	-	×)	
		with a Deck	_	×	
		with (2 nd) Deck		×	The state of the s
Commercial Use		with Attached Garage	_	×	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(×)	
		Mobile Home (manufactured date)		×	
		Addition/Alteration (specify)		×	
Municipal Use		Accessory Building (specify)		×	
Rec'd for Issuance		Accessory Building Addition/Alteration (specify)	_	×)	
	one wa				The second secon
		Special Use: (explain)	(×	
		Conditional Use: (explain)		×	and the state of t
Secretarial Staff	Ø	Other: (explain) Stures to Lake within defined via corrisor		×	

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TING THEFT AVE SUPERIOR OF SUPE	(If you are signing on behalf of the owner(s) a letter of authorization must accompany this

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Owner(s): (If there a

Authorized Agent:

N/A

All Own

for letter(s) of authorization must accompany this application)

Address to send

Date Date 67 12 0182

54*88*0

application)

Issuance Information (County Use Only) Setback from the **North** Lot Line Setback from the **South** Lot Line Setback from the **West** Lot Line Granted by Variance (B.O.A.)
☐ Yes ☐ No Permit Denied (Date): Setback to Privy (Portable, Setback to **Drain Field** Setback to Septic Tank or Holding Tank Setback from the Established Right-of-Way setback from the Centerline of Platted Road Hold For Sanitary: ガス Condition(s): Town, Committee or Board Conditions Attached? Date of Inspection: Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Signature of Mspector Inspection Record: "GAZEB>" etback from the East Lot Line るが が対象。 ® October 2013 Was Parcel Legally Greated Was Proposed Building Site Delineated or to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from e previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be Please complete (1) - (7) above (prior to continuing) らが促えてえ (1) (2) (3) (4) (5) (5) (7) <u>∞</u> れっかいときる Show any (*): Show any (*): Show: Show: Show Location of: Show / Indicate: Setbacks: (measured to the closest point) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Privy (P), and Well (W) Show Location of (*): NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits. と対するまと Draw or Sketch your Prop युवारिक विकि s, Composting)

n of a structure within ten (10) feet of the minimum required marked by a licensed surveyor at the owner's expense. Case #: □Yes □Yes Hold For TB Sysod 海馬 Stratan 3 □Yes (Deed of Record)
(Fused/Contiguous Lot(s)) Propo (*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (B)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20% North (N) on Plot Plan 200 家之 **ECROPIE** □ □ 8 8 るがある (regardless of what you are applying for) 200 d Construction Inspected by: Sanitary Number: Permit Date: 35a12 Measurement ☐ Yes されたの PERMITED IN 2014, Hold For Affidavit: □ No -(If No they need to be attached.) 8.0% 4 8 8 8 8 8 Feet Feet Feet Feet Feet である。 Feet J. CROOK BORR B B Mitigation Required Mitigation Attached ☐ Yes ☐ No Previously Granted by Setback from Wetland
20% Slope Area on property
Elevation of Floodplain Setback from the River, Stream, Creek Setback from the Bank or Bluff Were Property Lines Represented by Owner
Was Property Surveyed Setback to Well Setback from the Lake (ordinary high-water dary line from which the setback must be measured must be visible from "HABITABLE District 7 Changes in plans must be approved by the Planning & Zoning Dept. が 子を必ず ţ Hold For Fees: # of bedrooms: Variance (B.O.A.) March Description SHAN Yes Yes Slater not to some Z MANALAMENT I'M Professed views Corrido SPIN が行 2 42 Case #: Affidavit Required Affidavit Attached □ Yes Sanitary Date: mark) **Lakes Classification** Zoning District GROUND 18NED Office Control 2420 ∃Yes Measurement 150 Yes E SE マス Moon LAKE Series of the se 8 8 8 er to the □ □ 3 Feet No Feet Fee Feet

J889186E

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STATEMENT AND FEE TO:

Bay,field County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN

APPLICATION FOR PERMIT JUL 29 2016

Date: Refund: Amount Paid: 158 A 20.58 16000

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISS!

SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.	□ Shoreland —		Section Z8	NE 1/4, SE 1/4	4	PROJECT	Thom Keistad	Authorized Agent: (Pers	Contractor: Ideal Homes	65445 M	Address of Property:	74 SERVEN	Owner's Name:	TYPE OF PERMIT REC	O SOL OLDER COMOLINGCION CONTRACT
B:O: B:O:	χ is Property/Land within 1000 feet of Lai	☐ Is Property/Land within 300 feet of Rive Creek or Landward side of Floodplain?	Township 47 N, Range 08	Gov't Lot	Legal Description: (Use Tax Statement)			Authorized Agent: (Person Signing Application on behalf of Owner(s))		Illinent Point Dr.		I SO THE THOOPING		TYPE OF PERMIT REQUESTED-> X LAND USE 🛛 SAN	A STATE OF THE PERSON OF THE P
B:O: B:O:	ke, Pond or Flowage If yescontinue	er, Stream (ind. Intermittent)	Town	1769	1	MW (23 digits)	218-591-1180 36		Contractor Phone: PI	Iron River	City/State/Zip:	774 W Marson :	Mailing Address:		200
B:O: B:O:	Distance Structure is from Sho	Distance Structure is from Sho	River				30 Han Syracon Dr,	gent Mailing Address (include City	Blateman	WI S484		る。まるこれ	City/State/Zip:		
	#	<u> </u>	Lot Size	Subdivision:	Volume	Recorded Docume	Bassom MH	/State/Zip): \$5%7		7		182			
] Yes Xyes □ No □ No	operty in Are Wetlands plain Zone? Present?	Acreage /, 7/		Page(s)	nt: (i.e. Property Owners	□ Yes □ No		715-682-60	218-348-2065	Cell Phone:		Telephone:		

Existing Structure: If per Proposed Construction:				10,0	240 19/	٠		Value at Time of Completion * include donated time & material
Existing Structure: (If permit being applied for is relevant to it) Proposed Construction:		Property	□ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	□ Addition/Alteration	XNew Construction	Project
r is relevant to it)		☐ Foundation	□ No Basement	X Basement	□ 2-Story	☐ 1-Story + Loft	X 1-Story	# of Stories and/or basement
Length: 44						💢 Year Round 🛭 🗎 2	Seasonal	Use
			□ None	X 2	□ 3	□ 2	 	# of bedrooms
Width: Height: 27, 6	None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type: SephC	[(New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
7.6		<u></u>	1			Xwell	□ City	Water

Non-Shoreland

*	Proposed Structure	Dimensions	Square Footage
EQ.	- 1	(28 ×44	H24Z (
		(x ,	
	with Loft	×	
	with a Porch	(x)
	with (2 nd) Porch	(X)
	with a Deck	(/0 × 20	700
	with (2 nd) Deck	(x	
	with Attached Garage	brute ap	Theres
	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	Cost Acopta	Ž
	Mobile Home (manufactured date)	できまる	7
	Addition/Alteration (specify)	×	application
	Accessory Building (specify)	×	25
	Accessory Building Addition/Alteration (specify)	×	
	Special Use: (explain)	×	
<u></u> .	Conditional Use: (explain)	×	_
			4
		Principal Structure (first structure on property) 2 - Structure Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with (2 nd) Porch with Attached Garage Bunkhouse w/ (sanitary, or sleeping quarters, or cooking & food prep for the food of	Principal Structure (first structure on property) 2 - Story (28 × 44 × x x with Loft (x x with 12nd porch with 12nd porch (x x x x with 2nd porch (x x x x x x x x x x x x x x x x x x x

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(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	Owner(s):	bove described property awany wasonable time for the purpose of inspection	nay be a result of Bayfield extinty elying on this information I (we) am (app providing in or with this application. I (we) consent to county officials charged with administering county	im are responsible for the detail and accuracy of all information I (we) am (are) growiding and that it will be relied upon by Bayfield County in determining whether to issue a permit.	(Sea 16) A Black space before (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and comple	
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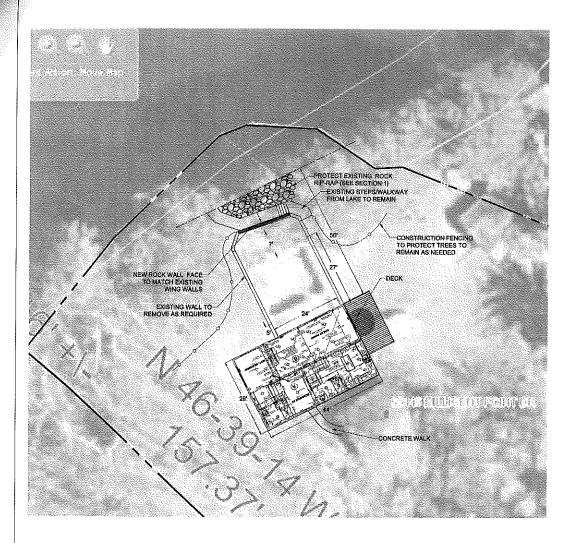
Authorized Agent:

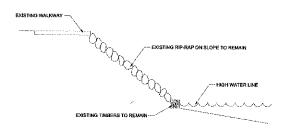
Address to send permit

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed





EXISTING RIP RAP SECTION SCALE: NOT TO SCALE



+ ASSOCIATES

219 WEST FIRST STREET, SIRTE 350 DISLUTAL MN 35802 (#) 218.391.1335 (F) 218.722.6697

AL-KUWARI RESIDENCE IRON RIVER, WISCONSIN

REVISIONS 8/12/2016



PROPOSED SITE PLAN

Dream Sys LWS

Checked By 1 WS Project Harton 16100

L-2

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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> Permit #: Amount Paid: Date: Refund: 16-0284

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.

は個の同時 FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

	Secretarial Staff	1			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Secretarial State	Secret	
	×					explain)	_	: : : T)	
	×		The state of the s			Conditional Use: (explain)	_	30.5	3	
				, and a second s		Special Use: (explain)	}-		- - - -	
	>	80.						Rec'd for Issuance	Rec'd fo	
	>			ν.	Alteration (specify)	Accessory Building Addition/Alteration			ALEGERIA MANAGEMENT CONTRACTOR AND	
135	1 × 35						1] Municipal Use	
	×	1		100		Addition/Alteration (specify)	Additio			
				11	ate)	Mobile Home (manufactured date)	Mobile			
	×	ties) (cooking & food prep facilities)		☐ sleeping quarters, or	Bunkhouse w/ (☐ sanitary, or	Bunkho			ī
	×		m, 1		ırage	with Attached Garage	ļ	l Use	Commercial Use	
	×					with (2 nd) Deck	1			<u></u>
	×		***************************************			with a Deck		<u> </u>		
Pro-	×				141. Telli-	with (2 nd) Porch		250	Kesidentiai Ose	X
	×					With Lott		<u> </u>		
	x)				snack, etc.)	1-	Residence			
	× ;				ture on property)		Principa			
Footage) X	-		Te .	Proposed Structure			e v	Proposed Use	
Square								detion:	Proposed Construction:	P
	Height:		-		Length:	Existing Structure: (if permit being applied for is relevant to it)	ang applied fo	e: (if permit b	sting Structure	및
7	Height:	P	Width: S					W \$100.00		
			□ None				9			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Foundation		Property :		
	contract)	v/service	Portable (v	None	411	□ No Basement	Relocate (existing bldg)	Relocate		
yn)	aulted (min 200 gallon)	or Vau	1				ă		2	
	ecify Type:		,	□	X year Kounu		Alteration	☐ Addition/Alteration		 Љ
Well	Specify Type:		(New) Sanitary		Seasonal	1-Story	struction	New Construction		
1 28		ſĊĬŦ	Municipal		1			15.00	material	Ç
Water	Type of tary System property?	What Type of Sewer/Sanitary System is on the property?	Sew. Is	# of bedrooms	Use	# of Stories and/or basement	ect applying for)	Project (What are you applying for)	Value at Time of Completion * include donated time &	g 9, ≦
						155 Control 155 Co	The second secon		□ Non-Shoreland	
					il her-constitute	1 2 2		i		
√ No	× ⊑ Yes	reline :	cture is from Shoreline :	Distance Structure	1	Lake,	/Land withir	□ Is Propert	Shoreland —▶	□ S
Are Wetlands Present?	Is Property in Floodplain Zone?	#	ture is from Shoreline :fee	Distance Structure	m (incl. Intermittent)	Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue—	/Land withir	☐ Is Property Creek or Lan		
				2	100			e , lowersmp	Section C	
n	Acreage	ST. Lot Size		う。 	ا⊼ ≀	N Banga & W	7	_)	P	
Pig	Y S	Subdivision:	Block(s) No.	e	VOI & Pag	Lot(s)	Gov't Lot	1/4	SK 1/4,	ICA
160 160	Pa	Volume	198-10200	Q	3 digits)	(Use Tax Statement) 04.03.4-2.		Legal Description:	PROJECT	
□ No	Attached		Agent Mailing Address (Include City/State/244)	ent Mailing Add		of Owner(s)) Agent Phone:	ation on behalf	son Signing Appli	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Auth
Written Authorization	Written A	7		Plumber:	Contractor Phone: Plu	Contra	,		Contractor:	Contr
none:	Diumber Phone:				H SO RIVER	H	4	(T) (S) (S) (S)		5
Cell Phone:			7		> .	City/State/Zip	5		of Property:	Address
125-672-488	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			>	Mailing Address:	Mailing Addre	3		Owner's Name:	Owne
HEX	B.U.A. UITEN		ONAL USE SPECIAL USE	☐ CONDITIONAL USE		□ SAN	∖S, LAND USE)UESTED►	TYPE OF PERMIT REQUESTED-	ТҮРЕ

Owner(s): (If there a

Deed All Owners

authorization must accompany this application)

accompany this

Attach
Copy of Tax Statement
recently purchased the property send your Recorded Deed

Date

Date

6

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization

Address to send permit

	The state of the s	,	130-	
Affidavit Required reship X/es (Fused/Contiguous Lotts))	Setback to Septic Tank or Holding Tank Feet Setback to Drain Field Setback to Drain Field Setback to Drain Field Feet Setback to Drain Field Setback to Drain Field Setback to Privy (Portable, Composting) Feet Setback to Privy (Portable, Composition of Setba	Authors Feet Setback from the Bank or Bluff Feet Setback from Wetland So Feet Setback from Wetland Setback from 20% Slope Area Feet Setback from Of Floodplain Feet Setback from Of Floodplain	130-	(1) Show Location of: Proposed Construction (2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: (*) Lake; (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (5) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Slopes over 20% (*) Wetlands; or (*) Slopes over 20%
d ores pho od ores proval.	surveyed corner to the nust be visible from ture, or must be Well (W).	Measurement Feet Feet Feet Feet Feet Feet Feet F	45 4 nomonos	